

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020388

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5477**

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY   |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>2014 Cherokee St.</b>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>CHARLES O. FLECK</b>  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>29</b> Year <b>1962</b>  |                                      |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>2-16-1898</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Proprietor-Fleck Sheet Metal Co.</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>St. Louis, Mo.</b>   |                                      |
| 13a. FATHER'S NAME<br><b>Charles Fleck</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sadie Necker</b>   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give year or dates of service)<br><b>No None</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |                                      |
| 17. INFORMANT<br><b>Veronica Fleck</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Veronica R. Fleck</b>  |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br>DUE TO (b) <b>Coronary Atherosclerosis</b><br>DUE TO (c) <b>4201</b>                     |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g)<br><b>Diabetes Mellitus</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                      |
| 20c. TIME OF INJURY<br>Hour <b>4:00 P.</b> Month, Day, Year <b>5/29/62</b>   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis, Mo.</b>  |                                      |
| 21. I attended the deceased from <b>5/19/58</b> to <b>5/29/62</b> and last saw him alive on <b>5/8/62</b><br>Death occurred at <b>4:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22. SIGNATURE (Degree or title)<br><b>August V. Strombeck MD</b>   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>June 1, 1962</b>   |                                      |
| 23c. NAME OF CEMETERY OR CREMATOR<br><b>S/S Peter &amp; Paul Cemetery</b>  |   | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 31 1962</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Lead Smith, M.D.</b>   |   | 27. DATE SIGNED<br><b>5/31/62</b>  |                                      |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1  
2 **22 47**  
3  
4 **0**  
5 **1**  
6  
7 **0**  
8 **1**  
9  
10  
11  
12 **65-0**  
13

65

Dr. E. V. Henschel  
~~1100~~ Hampton Ave.  
4709

Ve. 2-3303

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin A. McHerratt

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.